

#### Welcome Nursing Facility Providers!

# COVID-19 Updates and Q&A with LTCR and DSHS August 12, 2020

For more information:

Web: https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information

Email: PolicyRulesTraining@hhsc.state.tx.us

Phone: 512-438-3161

#### **Panelist**

Cecilia Cavuto, MSML NF, ICF & LSC Policy and Rule Manager Policy, Rules and Training Long-term Care Regulation

- Introduction and overview
- Reminders and updates



#### Reminder

## Sign-up for Gov Delivery To sign-up for Alerts:

- Go to: <u>https://service.govdelivery.com/accounts/</u> TXHHSC/subscriber/new
- Enter your email address.
- Confirm your email address, select your delivery preference, and submit a password if you want one.
- Select your topics.
- When done click "Submit."



### CMS/CDC NF COVID-19 Training

CMS hosts a weekly webinar series (every Thursday, 4-5 pm ET) to provide training for infection control processes in nursing homes:

Register Here for future webinars.

- August 13: COVID-19 Testing
- August 20: Cohorting Strategies
- August 27: COVID-19 Testing
- September 3: Reopening Considerations



#### NHSN Resources

NHSN's LTC COVID-19 Module contains resources, guides, and trainings to assist NF in understanding CMS reporting requirements.

Access the Module here – you can also sign up for NHSN COVID-19 updates at the bottom of the Module.



## Reminder: COVID-19 Relief Funds Extended

On August 5, 2020, Gov. Greg Abbott and HHSC announced that the federal government has further extended the deadline to apply for the CARES Act Provider Relief Fund.



The deadline has now been extended to Aug. 28, 2020, for Medicaid and CHIP providers as the state responds to the COVID-19 pandemic.

See the announcement for details

## New Emergency Rule – COVID-19 Mitigation

Emergency Rule <u>HHSC-20-0060</u> adopted 08/06 requires NFs to follow specific COVID-19 mitigation practices.

#### New requirements include:

- Cohorting residents by COVID-19 status
  - COVID-19 negative,
  - unknown COVID-19 status (quarantine), &
  - COVID-19 positive (isolation)
  - Staff should be assigned a cohort and not change that assignment unless required to maintain adequate staffing







- Staff and visitors screened before entry into facility - staff at start of shift
- Residents screened at least 3 times/day – once per shift – for fever and symptoms
- Staffing protocols
  - Facilities should limit movement of staff between providers
  - Staff must report immediately to all facilities in which they work in if any of their facilities has a COVID-19 positive



# New Emergency Rule – COVID-19 Mitigation (Cont.)

- PPE Usage
  - All staff must wear facemasks while in the facility
  - Staff working with unknown COVID-19 residents (quarantine) and positive COVID-19 (isolation) must wear N95 mask, gown, gloves, and goggles or face shield



# New Emergency Rule – COVID-19 Mitigation (Cont.)

- NF Response Plan must also include:
  - Plans for obtaining and maintaining 2week supply of PPE
    - Can use CDC guidelines for optimization of PPE
    - In case of shortage, must document all efforts made to obtain PPE
  - Spaces for staff to don and doff PPE that minimized movement of staff in other areas of the facility



New <u>Emergency Rules</u> adopted 08/07 allows for NFs to accept visitors only under specific circumstances:

Facilities must apply for a 'Phase 1' designation in order to allow visitation.

To apply, a facility must submit LTCR Form 2192, Phase 1 COVID-19 Status Attestation Form (see the last page in PL 20-24 for a copy of the form) via email to their LTCR Regional Director



Facilities must meet the following requirements to be given the Phase 1 designation:

- No confirmed COVID-19 positive staff cases for 14 consecutive days
- No active COVID-19 cases in residents
- Adequate staffing and infection control procedures
- Staff tested weekly
- If a facility has had previous cases, there must have been a survey showing they are in compliance with listed criteria



No indoor visits, except for end of life and compassionate care visits as described in rule.

Visitation allowed for Phase 1 designated facilities:

- Outdoor visits
- Open Window visits
- Vehicle parades
- Compassionate Care visits

Facilities must adhere to protocols described in the emergency rules during any visitation.



**Compassionate Care Visits** are for a resident experiencing a **Failure to Thrive** -

- A decline in resident's physical or mental health diagnosed by a physician and documented in the resident records
- may be caused by chronic concurrent disease and functional impairment.
- Signs of a failure to thrive include weight loss, decreased appetite, poor nutrition, and inactivity.
- Prevalent and predictive conditions that might lead to a failure to thrive include impaired physical function, malnutrition, depression, and cognitive impairment



#### Compassionate Care visits must:

- Have one person designated as a permanent visitor
- The designated visitor must be documented in resident's records
- The designated visitor may not change
- Must be screened before entering for each visit and must comply with all other requirements



Required protocols are detailed, per visit type, in <u>PL 20-24</u> and <u>visitor emergency</u> rules



#### Question:

How should providers handle staff screening if employees present with symptoms that can be attributed to other causes –

i.e. someone known to get migraines presents with a headache, or someone with seasonal allergies presents with sneezing and a stuffy nose?



#### Question:

Please clarify open vs. closed window visits.



#### Question:

To get Phase 1 visitation approval, what is considered to be proof of being 14-days COVID-19-free?

How and what documentation should a NF provide?



#### **Panelist**

Michelle Dionne-Vahalik, DNP, RN Associate Commissioner Long-term Care Regulation



#### **Panelist**

Renee Blanch-Haley, BSN, RN Director of Survey Operations Long-term Care Regulation



#### **Panelist**

Susan Purcell, BS, RN, CPHQ

Project Director/Regional Task Lead – Nursing Home Quality Improvement

TMF Health Quality Institute, the CMS-designated Quality Improvement Network – Quality Improvement Organization (QIN-QIO) for Texas, Arkansas, Mississippi, Nebraska, Puerto Rico, and US Virgin Islands

Email <a href="mailto:nhnetwork@tmf.org">nhnetwork@tmf.org</a> to submit requests for assistance with NHSN reporting problems.



#### **Panelist**

David Gruber
Associate Commissioner for Regional and
Local Health Operations
DSHS



Questions from last week

#### Question:

Is the screening form that is provided in the COVID response plan acceptable to use. We have been told it doesn't list all the symptoms and therefore is not an acceptable screening tool?



#### Question:

Are we allowed to use KN95 masks instead of N95 masks?



#### Question:

Do you recommend the COVID-19 saliva tests? How reliable is it?



#### **Panelist**

Robert Ochoa Senior Policy Specialist Policy, Rules and Training Long-term Care Regulation





#### Question:

Do the staff members provided by staffing agencies have to provide a negative test result to the facility before they start working?

#### **Answer:**

No, a negative COVID-19 test is not required before staff start their jobs. Per the <u>new</u> <u>mitigation emergency rules</u>, staff working in other facilities are required to report to each facility which COVID-19 cohort they are assigned to at each facility, which should be the same cohort they are assigned to at all other facilities. (Cont. next slide)



#### **Answer (continued):**

Also, per new rules, all staff must be screened for signs and symptoms at least at the beginning of their shift, and facilities wishing to allow Phase 1 visitation must test all staff weekly.



#### Question:

Can you provide a citation for what is/isn't considered a biohazard regarding linens, trash, and food from COVID positive units?

#### **Answer:**

The CDC does not provide specific examples, but instead makes a general statement. The CDC indicates that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. (Cont. next slide)



#### **Answer (Continued):**

This means PPE, trash and food can be placed in regular trash and linens can be handled with routine procedures, unless your facility has other COVID-19 policies and procedures for handling potentially infectious waste.



#### Question:

Is the disinfecting of shoes required for every facility or just for the positive unit?

#### **Answer:**

The NF Response plan recommends that HCP and staff disinfect their shoes after exiting a COVID-19 positive unit. See this CDC video on how to properly disinfect shoes.





### Questions?

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### Thank you!

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